



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

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Phone: 207-287-4179 Fax: 207-287-6775

MAINE ETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name RALPH W Mailing address PO BOX 520 City, zip code PART 1. INCOME List the name and address of each employer from	OHOZZ EDERIVED FROM EMPLOYMENT BY ANO		
economic activity of each employer. Name of Employer	Address	Principal Type of Economic	
STATE OF MAINE	AUGUSTA, ME.	Activity of Employer LEGIGLATURE	
	DESTANT PROPERTY OF THE POST O		

	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.) any, and list the major areas of economic activity ssociation, or similar business entity, list the major	/ from which you derived income. If	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: N/A			
Name: Address:			

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO' (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the prientity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	\$9.50m
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PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your f	with the proposition of the constant of the description of the constant of the description of the constant o
Name and Address of Firm Major Areas of Pr (self)	actice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of	gifts. If none, check the box.
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None Name and Address of Source	gifts. If none, check the box. Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None	Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None Name and Address of Source	Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None Name and Address of Source Name: MAINE STATE RETIREMENT Address:	Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None Name and Address of Source Name: MAINE STATE RETIREMENT Address:	Control of the Contro
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None Name and Address of Source Name: MAINE STATE RETIREMENT Address:	Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None Name and Address of Source Name: Address: Name: Social Security	Kind of Income (investments, leases, etc.) RETIREMEN T e reporting period, and list the major
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a Name and Address of Source Name: Mainse State Retirement Address: Name: Social Security PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the	Kind of Income (investments, leases, etc.) RETIREMEN T e reporting period, and list the major
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None Name and Address of Source Name: MAINE STATE RETIREMENT Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	Kind of Income (investments, leases, etc.) RETIREMEN T e reporting period, and list the major
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include on the Name and Address of Source Name: Maine State Retirement Address: Name: Secial Security PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no None	Kind of Income (investments, leases, etc.) RETIREMENT e reporting period, and list the major one, check the box. Principal Type of Economic
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List the specific source of each gift of more than \$300. Incone, check the box.	clude gifts with an aggregate	value of more than \$300 from a single source. If			
None	KATING AT THE STAN AND AND AND AND AND AND AND AND AND A	10 Million - 10 Million (10 Mi			
Name of Source of Gift		Name of Source of Gift			
1. MAINE POTATO BOARD 2	For 527 3.				
2.	4.				
PART 7. R	EPORTABLE HONORAR				
List the source of any honoraria accepted for appearances of	r speeches related to your leg	islative responsibilities. If none, check the box.			
Д ⊠_None	The state of the s				
Name of Source of Honoraria		Name of Source of Honoraria			
1.	3.	3.			
2.	4.				
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES			
List each executive branch agency before which you repres	sented or assisted others for o	compensation of any amount. If none, check the			
None	ar Cheantain a mhar a mhantair a Chèan dhean dh'antail a mhail an a mhar i mar a mhan a mhar i mar amhanta ann	ren der Steinberger von der Steinberg in			
Name of Agency		Name of Agency			
1.	3.				
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PART 9. BUSII	NESS WITH STATE AGEN	ICIES			
List each executive branch agency to which you or a memt \$1,000 during the reporting period. If none, check the box.	oer of your immediate family	sold goods or services with a value in excess of			
None	italian kantan kant				
Name of Agency	inadrinaphilipada in indra philipada in principada in manine antis pripa minintra historia manine (1771 his principada an escrear	Name of Agency			
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2.	ariteria de la composito de la	4.			
PART 10. INCOME RECEIV	ED BY MEMBERS OF IM	MEDIATE FAMILY			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, their name and job title are listed. Do not	d of income represented. If y				
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income			
Name: JUDITH P. SARTY	1. ADMINISTRATION	Spouse of 1. EMPLOYMENT (PART)			
JOB TITLE: HOSPITHL ADMINISTRATION	2. 3.	Domestic 2. Partner 3.			
		Dependent Child			
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	. PMGPPPGPGPGPGPGPGPGPGAGAAAAAAAAAAAAAAAA	Dependent Child			
activity and the kind of income.		Dependent Child			

None						
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		SIG	SNATURE			
Legislator w	ho willfully fails to file a requ	ired statement is	subject to a fine o	f up to \$100. (1 i	√I.R.S.A. § 1017-A)
he intentiona	I filing of a false statement i	s a Class E crime	. If the Commissi	ion concludes tha	t it appears that a	Legislator ha
illfully filed a	false statement, it shall refe	r its findings of fac	ct to the Attorney	General. (1 M.R.	S.A. § 1019)	
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PART 11. OFFICER OR DIRECTOR POSITIONS